

10/529038

**MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1			
2		1		1		
3						
4						
5						
6		5		1		
7		4		1		
8		1		1		
9						
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14	1		1			
15	1			1		
16		3		1		
17		3		1		
18		3		1		
19		2		1		
20	1		1			
21		1		1		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	29	←		←
TOTAL CLAIMS			32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						